

Family Connections

Volume 5, Issue 2, Spring 2006

May is National Foster Care Month

For most of you every month is Foster Care Awareness Month. However, the rest of the nation takes a pause in May to recognize the important work that you do in caring for one of our community's most vulnerable members.

Celebrating Foster Care Month is also an excellent opportunity to educate the community on what foster care is and how everyone can become involved with children in foster care--even if they are not ready or able to be a foster parent.

As the one "in the trenches" day-to-day, you are the best spokesperson for our children. In case you need some guidance or fresh ideas on things you can do during Foster Care Month, and throughout the year, suggestions are outlined below. This information and other tools can be found at www.fostercaremonth.org.

Raise Public Awareness

- o Distribute information about foster care needs in your community.
- o Distribute information on ways members of your community can make a difference in the lives of youth in foster care.

Write, Visit, Fax, Phone or E-mail your Elected Officials

- o Send personalized letters to your elected officials with information about the foster care system in your community.
- o Organize an event such as a dinner, coffee gathering, picnic, auction, etc. Invite foster families, community activists, elected officials and your friends and

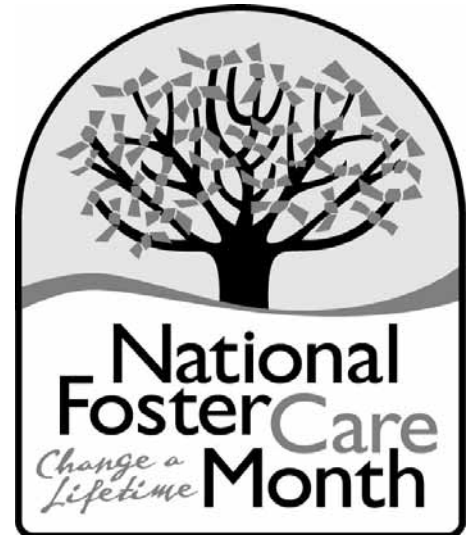
encourage them to hold their own events.

Enlist Local Newspapers, TV, and Radio Stations

- o Write a letter to the newspaper editor and encourage others to do so.
- o Meet with reporters and the editorial board of your newspaper and urge them to write positive stories about foster parents. Educate them about the challenges facing youth "aging out" of care.

Recruit Volunteers

- o Recruit members of your organization, faith community, workplace, neighborhood or community center to volunteer to support foster families or to become foster parents.
- o Distribute foster care fact sheets, bumper stickers, banners, and



other materials with foster care information.

Reach out to Businesses in Your Community. Ask them to:

- o Create displays in their shops that include a Foster Care Month poster--materials can be ordered at www.fostercaremonth.org.

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Meet Dante

A young man with many interests.

Dante is definitely ready for a family! Blessed with "a contagious smile that can brighten an entire day," Dante is a young man with many different interests. He enjoys playing video games on his Play Station 2 and Game Boy Advance, as well as playing board games and watching movies. On the more active side, Dante likes to swim and throw a football around. He also enjoys shopping (for others as well as for himself), and especially enjoys going to church. Dante loves to eat out, especially at Chinese buffets, but will not turn down a trip to Steak n' Shake, Burger King or Subway, when he has the opportunity.

Dante is in good health, has a great sense of humor, and loves to talk, once he gets to know someone. Dante is 14-years-old. To find out more about this pleasant young man, contact Shelly Werner at 573-290-5606 or Candy Wilfong at 573-290-5607.



“Parent to Parent” is written by foster/adopt parents that are in the day-to-day “trenches” just like you. Articles are the sole opinion of the author. Submissions may be made to denisekelley@foster-adopt.org.

Going and Growing through Grief and Loss Parenting Traumatized Children

Dee Paddock is a psychotherapist, consultant, and adoptive mother of three. She runs a private psychotherapy and consulting practice in Denver, and speaks to many groups and organizations both inside and outside the U.S.

Ten years ago when I was 30, life was good. I'd met the right man, I'd made the right plans, I was pregnant after a painful struggle with infertility.

Then our baby Sara died at birth. The trauma of losing Sara with no warning brought me to my knees and changed my life forever. During the past decade, I thought I'd taken care of recovering from this loss with therapy and support groups and my work. But when the TWA jet blew up in the sky [July 1997] and people died in a shocking tragedy, I was retraumatized. I couldn't stop watching the news, craving more gory details than necessary and unable to concentrate on much else. I realized it was my old trauma activated by something beyond my control “out there.”

This reaction happens to your traumatized child every day.

What Causes Trauma in Adoption?

Many adopted children have been traumatized by the people who gave [birth to them], or by others entrusted to care for them and love them.

Other adopted children may experience trauma when they have the ability to understand what adoption means. Around age seven or eight, children begin to see that belonging to their adoptive family means they lost something very significant — their birth family. They may process adoption as: “My parents didn't keep me. They didn't want me. They hurt me.”

They Can't Tell Us!

Everyone wants to have smart kids who are verbal and can tell us what they feel, want, and need. But traumatized children hold so much inside because it's not safe to tell it, or because they don't know it themselves. [Research shows] that children who have been traumatized show abnormal brain development and that some parts of their brains simply aren't available for use. Their behaviors can tell us a great deal about their internal experience of being traumatized and terrorized.

When my husband John and I started to see that our son Cody, adopted at age four, had problems, we went to professionals who said, “You just need to love him more.” Love him more? I just wanted him to go far away! We had learned quickly that a traumatized child's acting out can make parenting hellish and totally dispel the adoption myth that love heals everything. Cody acts out because his experiences taught him that the grown-ups who were supposed to love him hurt him. John and I are the stand-ins for a birth father who was abusive, drank too much, and hurt little children. Cody is not intentionally trying to hurt us — but he acts out in his young life to create distance between himself and the grown-up world.

What Triggers Acting Out?

Even when family life is relatively calm and safe, traumatized adopted children [and children in foster care] can be triggered into the alarm state of “fight, flight, freeze.” Cody steals when he is triggered, and he can be triggered by fear, exhaustion, pain, nightmares, medications, or by thinking about traumatic or emotional events. The first time Cody stole money at school, it was from a teacher who loves him and got close to him. Because he fears getting too dependent on people emotionally, he took five dollars out of her wallet as a way to create distance by betraying her trust.

It's also easy for parents to get triggered by a traumatized child. Every time the phone rings during the school week, I get that “fight, flight, freeze” feeling too. I feel physically sick when Cody's school teachers call because they seldom call to say what a great guy he is. But Cody steals because he gets triggered, and he gets triggered because he was traumatized as a very young child. Parents of traumatized children have to become detectives — you don't know what the triggers are until you put on your Sherlock Holmes hat and watch your children carefully. They'll leave lots of clues about what triggers their trauma response.

Trauma Triggers Grief

Our traumatized children need to grieve.

As parents, we must teach our children to say therapeutic “good-byes.” In this culture, we don't always teach our kids to learn how to deal with losses that are final — like adoption.

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Traumatized children have a lot of mourning to do so they can do some living. And the more mourning they do, the more room they have in those broken hearts for love. As an example, in our family we have a ritualized “good-bye” to the teachers at the end of every school year.

Because many of our children will never have contact with their birth families, we must teach them to live with the loss and ambivalence that are normal in adoption. These are tough feelings to tolerate; they make traumatized children feel helpless and powerless. To stop such feelings, traumatized adopted children split the world into good and bad — they can’t deal with the idea that the woman who gave birth to them has hurt them or abandoned them, or placed them for adoption. They split off their rage at being abandoned, hurt, or neglected, and put it somewhere else, usually on an adoptive parent!

Put the Adults in Charge

Our initial goal as parents should not be to have traumatized children fall in love with us; we first need to help them feel safe. When children don’t believe that even their basic physical needs will be met, there’s no room for love and trust. “To be rooted is probably the most important and least recognized need of the human soul,” writes author Simone Weil. Our kids have had their roots torn; they haven’t been watered or fed. Children like Cody have no idea what normal life means—what love means, what trust means—because of their early experiences.

So we must start immediately to contain the acting-out behaviors and stop worrying so much about how our traumatized child “feels.” Bad behavior is not okay because it makes people pull

away from our children. Parents should create a more rigidly structured environment that is predictable and consistent. My generation was raised to have a lot of choices, but traumatized children often can’t deal with choices. They’re desperate to know that adults are strong and brave enough to take charge, but they’re going to test your determination every step of the way.

We have to teach traumatized children how to be more verbal and how to negotiate with adults for what they want and need. For instance, they may steal things because they believe that’s the only way they’ll get them, or become aggressive because they don’t know how else to express their anger. So push your children to tell you what they want and need. Be sure to reward the verbal expression of wants, needs, or feelings, even if you can’t grant the requests.

Intimacy Scares Them

Sometimes John and I will speak about our son in the third person because it makes the conversation less personal for him. Actually, traumatized children often feel soothed when we step back and behave as caretakers rather than parents for awhile. Why? Because the intimacy of family life terrifies them. You see, they fear that if they fall in love with you, you’ll leave them or hurt them. They will do everything they can to prevent that from happening.

“The elevator to success is out of order. You’ll have to take the stairs, one step at a time,” says author Joe Girard. As parents of traumatized children, we want successes to be quick and impressive so they reinforce our belief that we’re doing the right thing. But in reality, we have to hang in there as long as necessary.

Expect to experience déjà vu during this

change process, just like I had déjà vu when Cody stole from a second teacher’s wallet. And expect that the more you work to contain the behavior, the more your child will act out initially. By anticipating that you will take two steps backward for every step forward, you won’t set yourself up for disappointment and failure. And be sure to celebrate progress — Cody may have taken a five dollar bill from his teacher but he left the twenty! That showed some empathy on his part and we want to celebrate progress.

Growth Comes out of Grief

When Sara [the author’s daughter] died, I thought my life was over. I couldn’t get out of bed because I didn’t see the point. In their own ways, our traumatized adopted [and foster] kids try to make sense out of their losses too.

As a result of Sara’s death, I have been given many gifts: my adopted children, my work, and the considerable honor of helping parents and traumatized children live a better life together. Traumatized children need our patience, support, understanding, and yes, our love, so they can begin to find the gifts in their lives. You cannot undo what happened to them in the past — you can’t even make it smaller. Someone once said, “Sooner or later you have to give up the hope of having a better past.” So focus on what you can do — you can help your traumatized children learn to count on you and make the rest of their lives bigger.

This article was adapted from an article that was originally featured in the Spring 1997 edition of Adoptalk—published by the North American Council on Adoptable Children, 70 Raymond Ave., Ste 106, St. Paul, MN 55114; 651-644-3036. To read the entire article, go to http://www.nacac.org/postadoptionarticles/going_and_growing.html.

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

Medicaid is the nation's major public health insurance program for low-income Americans, financing health and long-term care services for over 52 million people. Medicaid is a particularly important source of coverage for low-income children (including children in foster care), covering a quarter of all children, and over 60 percent of poor children. The 25 million children enrolled in Medicaid represent nearly half of all Medicaid enrollees, but account for only 19 percent of total program spending. Through a benefit known as EPSDT, Medicaid has proved critical to improving the health of our nation's low-income children, including children with disabilities and other special needs.

What Is EPSDT and Why Is It Important?

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is, in effect, the package of Medicaid benefits for children. Under EPSDT requirements, states must provide comprehensive health and developmental assessments and vision, dental and hearing services to children and youth up to age 21. The goal of these prevention-oriented services is the early identification of conditions that can impede children's natural growth and development so as to avoid the health and financial costs of long-term disability. In addition to screening services, EPSDT also covers the diagnostic and treatment services necessary to ameliorate acute and chronic physical and mental health conditions.

Enacted in 1967 in response to the high rejection rates for new draftees

into the military due to untreated childhood illnesses, EPSDT has been instrumental to ensuring needed access to care for low-income children. As evidence, children on Medicaid are more likely than uninsured children, and as likely as privately insured children to receive well-child visits and to visit the doctor in a given year.

While the EPSDT benefit is important to all children, it has been especially beneficial to the 1.3 million children with disabilities enrolled in Medicaid. For these children, Medicaid, through EPSDT, provides more comprehensive coverage than the typical private insurance plan and increases access to needed services that improve the quality of daily life. Special needs children are more likely to need physical, occupational and speech therapy, respiratory care, personal care services, mental health and substance abuse services, and durable medical equipment—services available through Medicaid that are often limited or excluded under private health plans and even from many separate State Children's Health Insurance Programs (SCHIP).

What Services Are Covered?

The EPSDT benefit includes screening services, as well as diagnostic and treatment services. Screening services are required in four areas: medical, vision, dental, and hearing. The medical screen must include:

- o a comprehensive health and developmental history, including an assessment of both physical and mental health;
- o a comprehensive unclothed

medical exam; appropriate immunizations; laboratory tests, including lead blood testing; and health education, including anticipatory guidance.

Other EPSDT services include vision services, including diagnosis, treatment, and eyeglasses; dental services, including relief of pain and infections, restoration of teeth, and maintenance of dental health; and hearing services, including diagnosis, treatment, and hearing aids.

While states are required to cover screening services, they are granted flexibility in establishing how frequently these services must be provided. As a result of this flexibility, the frequency and timing of required screening services vary considerably across states.

Once physical or mental health conditions are discovered, the EPSDT benefit covers necessary health services to correct or ameliorate them, whether or not these services are otherwise covered by the state's Medicaid program. This requirement that states cover all mandatory and optional Medicaid services for children reflects the broader definition of medical necessity that Medicaid applies to children.

The above information was provided by the Kaiser Commission on Medicaid Facts. The fact sheet, Medicaid and the Uninsured (October 2005) can be found on-line at www.kff.org/medicaid/upload/Early-and-Periodic-Screening-Diagnostic-and-Treatment-Services-Fact-Sheet.pdf

Read about EPSDT in Missouri on Page 4.

News to Use

EPSDT in Missouri

The EPSDT program was renamed the Healthy, Children, and Youth (HCY) Program in Missouri. The HCY program provides services for eligible children and youth, age 0-20 years. The expansion of the EPSDT program under HCY provides that **all medically necessary services identified as a result of an HCY screen that are above the scope of the "state plan" (ie Medicaid, SCHIP) must be covered by the state.**

HCY programs:

- o Counseling/social worker services
- o Case management
- o Private duty nursing
- o Speech, occupational, and physical therapy
- o Environmental assessments for lead

Additional benefits have been added for children in the following programs:

- o Personal care
- o Home health
- o Orthodontic care
- o Durable medical equipment

The HCY program provides all Medicaid/MC+ eligible children with appropriate full health screens and subsequent treatment for identified health problems. Components of a full health screen are: interval history; physical examinations, anticipatory guidance, laboratory tests, immunizations, lead screening, development-- social, language, motor, hearing, vision, and dental.

To learn more about the program, go to www.dss.mo.gov and type "healthy children and youth" in the search engine field.

Preventing Foster Teen Pregnancies

A recently released report, "Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care," explores the reasons why children in foster care are at an increased risk of teen pregnancy. The report looks into teens' views on sex, pregnancy, and decision-making to explore why this group remains at higher risk. Focus group discussions among youth in foster care and foster parents were used to gather the information.

A total of 121 youth in foster care participated in thirty-seven focus groups. Participants included pregnant and parenting teens, and 31 foster parents from the Chicago area. A number of themes emerged from the focus groups that highlighted the unique circumstances of youth in foster care, as well as their similarities with other youth.

Primary themes included:

- o Some important relationships are lacking for foster youth.
- o Foster youth see many benefits to having a baby.
- o There is a lot of pressure among foster youth to have sex.

- o While foster youth have access to information about sex and pregnancy, this information is often too little and too late.
- o Access to contraception does not mean that teens will use it.
- o While foster youth think about long-term goals, many act on present impulses.
- o There is a lack of trust between the sexes.

The primary themes stated in the report can be generalized to the experience of most American teenagers, but it appears they are intensified for youth in foster care. The focus group participants also offer readers implications and recommendations regarding pregnancy prevention.

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The entire report can be found on-line at www.teenpregnancy.org/resources/reading/pdf/Fostering_Hope.pdf

The above article was obtained and adapted from the Children's Bureau Express on-line newsletter, February 2006 edition. To view other articles, go to www.cbexpress.acf.hhs.gov.

Meet Ronnie, Bridget & Davie *Siblings who love to be together.*

Described as "sweet and loving," these three have a lot of similarities. Shy when meeting strangers, Ronnie, 8, is always willing to try new things with help and support. Like her big brother, Bridget, 6, can be shy at first, but soon warms up. She loves listening to music, playing with toys, and with other children. Davie, 4, is full of energy, and is usually playing or exploring. He's a big fan of "Bob the Builder," and loves making things and working with his hands.

All three love to go out as a family, and are complimented for their good manners in public. The children have some developmental delays and will need extra help in school. All are in good health, have made excellent progress, and should continue to thrive with patience and support.

For more information about Ronnie, Bridget and Davie, contact Jennifer Varble, at 660-385-3191 or Jennifer.L.Varble@dss.mo.gov.



Foster Parent Advisory Board

Local and state boards working for you



Under Construction

In an attempt to better serve **YOU**, the **State Foster Parent Advisory Board** is in the process of revitalization. If you have been interested in joining your local board, this is a great time to get involved. Contact your local representative to learn more.

One way the Children's Division supports foster parents is through the on-going work of the Foster Parent Advisory Board. Each area/region of the state holds local meetings and works to resolve issues of local foster parents —i.e. problem solving, practice issues, and resource development. Issues that cannot be resolved locally, or have implications for parents across the state, are brought to the Statewide Foster Parent Advisory Board.

Although the board is restructuring itself, the goals have remained the same. They include the following: **Goal #1:** To use available internal and external data to identify systemic needs, and develop plans to address those needs, using resources available within the agencies involved and the community as a whole. **Goal #2:** To improve partnership between the Children's Division, other relevant state agencies (ie. Department of Mental Health), and foster parents through ongoing communication, input, and support. **Goal#3:** To work together with the Children's Division to clarify policy and practices, provide feedback and recommendations on present and proposed policies related to child welfare. **Goal #4:** Improve the Children's Division communication with, and resource families' knowledge of, Children's Division policy. **Goal #5:** To provide an opportunity for resource families, Children's Division staff, and the community to network and share resources.

Each region of the state is represented by at least one parent representative, elected by their local board. The statewide board is also made up of three foster parent associations--Midwest Foster Care and Adoption Association, Missouri Foster Parent Association, and the Foster and Adoptive Care Coalition. To find out more about your local advisory board, phone or e-mail the individual listed in your area. The map below provides an overview of the Children's Division Regions.



NOW is the time to get involved with your local advisory board!!! Contact your area representative TODAY!!!

Area 1—Northwest Region

Marian Goodding; 660-938-4669;
mjgoodmc@grm.net

Area 2—Northeast Region

Diane Bueneman; 636-928-2198;
fisherofthelake@yahoo.com

Area 3—Southeast Region

Joan Lowery; 573-996-7534;
bruceandjoan@semo.net

Area 4—Southwest Region

Robin Butts; 417-581-6475;
robinbutts@yahoo.com

Area 5 - Kansas City

Dorothy Patterson; 816- 820-0599 (cell)
or 816-220-1388 (home);
dpatterson06@aol.com
Mary LeFebvre; 816-941-9506;
laremare@aol.com

Area 6 - St. Louis City

Rene Murph; 314-961-2660 x 7774,
869-9429; murphr@webster.edu
Ann Barfield; 314-534-1645;
fieldbar@swbell.net

Area 7- St. Louis County

Kathryn Jones;
momakate@earthlink.net
VACANT: for information on filling this
vacancy, contact Kathryn Jones.

**Three state foster parent
associations also make up the
advisory board. They are:**

**Missouri Foster Care & Adoption
Association** Jim McKenna; 417-538-
4362;

mfcaastatepres@centurytel.net

**Midwest Foster Care &
Adoption Association** Lori Ross;
816-686-0463;

rross600@aol.com www.mfcaa.org

**Foster and Adoptive Care
Coalition** Denise Kelley; 800-
FOSTER-3; denisekelley@foster-
adopt.org; www.foster-adopt.org.

"foster care" continued from Page 1

- o Offer special discounts or gifts to customers who are identified as foster families.
- o Sponsor a meal, party or celebration for foster families in the community.
- o Include an article in their company newsletter encouraging employees to find out how they can become involved in the lives of children and young people in foster care.
- o Sponsor a sibling group for a week at Camp To Belong, a national nonprofit that provides reuniting events for brothers and sisters placed in different foster homes. Their flagship event is a 1-week summer camp. For more information contact Lynn Price at 303-791-0915 or 888-7BELONG; www.camptobelong.org.

See the "Change a Lifetime" Menu of Opportunities for more ways to get involved.

- o Visit www.fostercaremonth.org.
- o Encourage others to do so, as well.

National Foster Care Month is a partnership of Casey Family Programs; Annie E. Casey Foundation/Casey Family Services; Black Administrators in Child Welfare; Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services; Child Welfare League of America; Connect for Kids; Jim Casey Youth Opportunities Initiative; APHSA/National Association of Public Child Welfare Administrators; National Association of Social Workers; National CASA; National Foster Care Coalition; National Foster Parent Association; and the National Resource Center for Family-Centered Practice and Permanency Planning at the Hunter College School of Social Work, a Service of the Children's Bureau.

Dezeray and Trey

Siblings ready to be together!

Although they are not placed together, this brother and sister visit each other often, and look forward to being adopted together.

Described as "vibrant and bubbly," 13-year-old Dezeray has a brilliant smile that lights up her whole face. She has a keen sense of style, and loves music. Dezeray is also a movie fan, and tries to keep up with all the Hollywood gossip! With help, she does well in school and is very popular with other children.

Trey, her younger brother, is described as "vibrant and loving." He loves playing football and active games with friends, and also enjoys hip-hop and rap music. Like his sister, 11-year-old Trey has a sense of style, and takes pride in his appearance. Very intelligent, and blessed with an inquiring mind, Trey enjoys school, and especially appreciates one-on-one attention from his teacher.

For more information about Trey and Dezeray, please contact Susan Taylor at 816-325-6052 or Susan.A.Taylor@dss.mo.gov.



Youth Advocacy

Scholarship created at The University of Akron for students who have been adopted or in foster care

A new scholarship has been created for social work students at The University of Akron (UA) who have been adopted or in foster care.

Dr. Gregory C. Keck, founder and director of the Attachment and Bonding Center of Ohio, has established the scholarship fund. The Cleveland-based center specializes in working with adoptive families whose children experienced early trauma.

An advocate for children, families and professionals in the foster care and adoption system, Dr. Keck has published numerous articles and co-authored books titled "Adopting the Hurt Child" and "Parenting the Hurt Child." He is a part-time faculty member and 1971 graduate of the UA School of Social Work.

The Keck Scholarship in Social Work will be awarded annually to a graduate or undergraduate student majoring in social work, with preference given to students who have previously been in foster care or who have been adopted. Students majoring in social work with an emphasis in adoption and foster care or students working in the foster care or adoption field may also qualify.

Contributions to the Keck Scholarship in Social Work are welcome. For information, contact Holly Gartner at 330-972-6056 or hgartne@uakron.edu.

Don't forget about Chafee Aftercare funds and Training and Education Vouchers. For more information contact your area Independent Living Specialist or go to www.dss.mo.gov.

Knowing Who You Are: Video

This 24-minute video sets the stage for the online and in-person components of Knowing Who You Are. In it, 23 individuals (youth in care, alumni, child welfare professionals, birth families, and resource families) share their perspectives about why race and ethnicity matter and the importance of integrating racial and ethnic identity into child welfare practice.

Video design and intent

Besides raising awareness, the Knowing Who You Are video acknowledges the discomfort many people feel around discussing these issues and inspires viewers to confront their fears and begin conversations about race and ethnicity and their impact in society and in the child welfare system.

<http://www.casey.org/Resources/Projects/REI/KnowingWhoYouAreVideo.htm>

Video study guides

The Knowing Who You Are video is accompanied by a facilitator's guide and a viewer's guide, linked in the right margin. Downloading and reading these before viewing the video will improve the quality of post-viewing discussion.

Youth Advocacy

Teen Adoptions Do Work!

Since 2003, the Children's Division has worked in conjunction with the Foster and Adoptive Care Coalition on an initiative to find adoptive homes for older youth. The program, Project Teen Plus, has not only helped to find homes for 70% of the youth enrolled in the program, it has shattered a lot of the myths surrounding teen adoption. At the forefront is the fact that we've learned that many older children really want a "forever" family and are willing to work hard to make sure that their adoptive placements succeed. Following are some common myths that *Project Teen Plus* kids have dismantled.

Myth #1 – Teen adoption is hard when the child has been in foster care for a long time. 12-year-old "David," whose adoption was recently finalized taught us that kids who have been in foster care for a long period can be strongly motivated to make their adoptions work. "David" had been in foster care for 9 years before his adoption was finalized.

Myth #2 – Teen adoption is hard when older kids have had multiple placements. 12-year-old "Darryl" who is now adopted taught us that some kids in foster care are actually more adaptable from having had a variety of placements. These experiences sometimes give an older

child a better idea of what they hope to find in an adoptive family. "Darryl" had 12 different placements before he was adopted.

Myth #3 – Teen adoption is hard because older kids are "set in their ways." A family of a different race, different religion, and different culture adopted "Jenna," age 17. Because of her age and stage of development, "Jenna" was able and ready to learn about her new family, and join in building a truly inclusive home.

Myth #4 – Teen adoption is hard because older kids have more loss and grief issues, at times, including a history of abuse. 12-year-old "Gerald" (whose adoption finalization will take place this spring) taught us that some kids have a greater sense of compassion because of the losses that they have already suffered.

Myth #5 – Teen adoption is hard because some older kids have behavior problems. Kids like 12-year-old "Darryl" taught us that some behaviors are "situational." He had a long list of challenging behaviors when he was placed in his adoptive home. Now that "Darryl" has a permanent family, he is willing to work hard in counseling, and most of the challenging behaviors have disappeared.

Waiting for a Family

We know there is a family for each youth in Project Teen Plus. If you would like more information about any of the youth featured below, please contact Sheila Suderwalla at 314-340-7785, 800-FOSTER-3, or sheilasuderwalla@foster-adopt.org.



Durrell (15) & LT (14)



Henry (10)



Christine (12)



Aquesha (16)



Treveon (12)



Jelende (12)

Children's Division News

Director Sherman Kicks Off Foster Care Appreciation Month at Midwest Foster Care and Adoption Association

On May 1st Department of Social Services Director K. Gary Sherman visited the [Kansas City based] Midwest Foster Care and Adoption Association. Director Sherman recognized and celebrated the Midwest Foster Care and Adoption Association's contribution to foster families.

"The Midwest Foster Care and Adoption Association is a premier contributor to Missouri's foster parent community and the children they love," said Director Sherman. "I can think of no better way to kick-off Foster Care Month than to recognize this group and their efforts."

Missouri will celebrate Foster Care Month during May of 2006 with several events, including this one, and a Governor's Proclamation to be signed on May 10, 2006. Foster Care Month celebrates the families that have opened their hearts, shared their homes and offered their help to more than 10,000 Missouri children in foster care.



Director of the Department of Social Services K. Gary Sherman presenting the award to MFCAA Executive Director Lori Ross.

Memorandums: CD Policy Changes

Following are brief summaries of recent Children's Division policy memorandums that relate to your role/responsibility as a foster family.

Resource Provider Training: Beginning with families licensed after April 4, 2006, the 27 hours of STARS no longer count towards in-service training hours.

1) Professional Family Development Plan

Within 30 days of initial licensure, each foster family and their licensing worker will develop training goals for the year. These will be reviewed annually. The foster family's plan will be based upon the STARS competencies, including, among others:

- o Protecting and Nurturing;
- o Meeting developmental needs and addressing developmental delays;
- o Supporting relationships between children and their birth families;
- o Connecting children to safe, nurturing relationships intended to last a lifetime;
- o Working as a member of a professional team;
- o Any foster family that does not comply with their training plan may have their license revoked.

2) In-Service Training

As in the past, all foster families will be required to receive 30 hours of in-service training every two years. Remember, beginning with the families licensed after April 4, 2006, the 27 hours of STARS no longer count towards this requirement.

Additionally, all foster families must receive:

- o CPR and First Aid training (not certification);
- o HIPAA training;
- o Ready, Set, Fly training for families with youth ages 14 and older.

This training will be required once the Children's Division in your area begins their preparation for accreditation. Once these dates are announced, we'll let you know.

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Children's Division News

3) Professional Payment

Most foster families receive the additional professional parenting payment (\$100 per month). If a foster family does not receive the required number of training hours during the licensing period, then the professional parenting payment will be suspended. Once the in-service hours are made up, the foster family will not be reimbursed the professional parenting payment for the time they were not in compliance.

As always, if the foster family is a couple, both individuals are required to receive 30 hours of in-service training every two years.

Foster Parents' Emergency Plans: Foster parents are required to ensure the safety of their foster children in the case of a natural or man-made emergency. Foster parents must develop and display an emergency plan, which must be approved by their local office. This plan should include:

- o An evacuation plan for various disasters;
- o A meeting place for all family members;
- o Contact numbers of local law enforcement; emergency numbers; and Children's Division emergency contact numbers;
- o A disaster kit including a first aid kit, prescription medicines, a change of clothing for each person, a sleeping bag or bedroll for each foster child, a battery powered radio or television, food, bottled water, and tools.

The foster parent is to review the disaster plan with their foster children every six months, and report this information to the children's case workers.

Closing Foster Parent Licenses:

Children's Division licensing workers are to meet face-to-face with foster parents who have not had a child placed in their home for 12 months or longer. During the meeting, the worker and parent should determine if: 1) the foster parent requires additional training to address placement concerns; 2) the license should be suspended until the foster parent is ready to accept placements; or 3) the license should be closed because the foster parent no longer accepts placements. Teaching foster parents are an exception. Relative and kinship providers may maintain their license if there is a possibility that the children may return to the home.

Case Reviews and Permanency:

For any child who has not achieved permanency (returned to birth family or placed with adoptive family), Children's Division workers are required to provide a monthly report to their supervisor stating the

progress of the child's permanency.

First Steps: Children's Division workers are required to refer any child under the age of 3, who has been abused or neglected, to the Missouri First Steps Early Intervention program.

Education and FSTs: During all Family Support Team (FST) meetings, the child's education is to be discussed, and a plan for necessary interventions should be implemented.

Communication and Foster Children: Unless there is a court order to the contrary, foster children's mail and private phone calls are not to be censored, intercepted, or restricted. If communication with certain individuals is not in the best interest of the child, then the Family Support Team should agree on a communication plan.

To learn more, read the memos in their entirety at www.dss.mo.gov/cd/info/memos/.

Meet Carlos & Carlandis

These brothers have a lot of great qualities in common. They both enjoy staying active with sports and are complimented for their manners.

14-year-old Carlos loves to play basketball, run track, and play video games. He is described as helpful and a great leader for younger children. Carlos aspires to be a professional basketball player, scientist, or artist.

Carlandis, 12-years-old, enjoys spending his free time playing basketball, kickball, and running track. In addition to his athletic abilities, he is also a budding artist-especially when it comes to drawing action figures. Given these talents, Carlandis hopes to be a professional football or baseball player or an artist when he grows up.

Both Carlos and Carlandis are able to bond with peers and adults. They are looking for a family that can provide a structured home environment with a lot of love and patience. For more information on these boys contact Shivonne Gaines at 314-340-3472 or Shivonne.L.Gaines@dss.mo.gov.



“Family Connections”
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And Much, Much, More . . .



Two handsome brothers tentatively entered J. Bruce Summers Photography in St. Louis. Although shy and reserved at first, it wouldn't take long before they were laughing and hamming it up in front of the camera like A-list celebrities. You see, Summers used his talents to encourage the duo to pose like their favorite hip-hop artist Nelly, one of the many performers Summers has photographed throughout his career as a top photographer. After hundreds of photos, the awesome adventure of a professional photo shoot came to an end, with Summers promising to create a personalized CD cover for the boys using their own photo!

The brothers will soon have a little star power of their own as their photos join those of over 100 other children in foster care waiting for permanency in an extraordinary photography exhibit that will travel across the state of Missouri. The exhibit, known as The Missouri Heart Gallery Project, is hosted by The Adoption Exchange and sponsored in part by Wendy's. The Project gathers the talents of Missouri photographers who donate their time to create stunning and artistic photos of children in need of permanent homes. The exhibit will open in St. Louis on June 16 at COCA and on June 17, be displayed in the St. Louis area at St. Louis Mills and Westfield's Shopping Town's South County, West County and

Chesterfield Malls. After St. Louis, the Missouri Heart Gallery Project Exhibit will be displayed in Springfield (July 24-August 18: P. Jones YMCA and Ward YMCA), Kansas City (location and dates to be announced), and Joplin (September 30-October 14: Northpark Mall).

The goal of The Heart Gallery Project is to bring out the unique personalities of our children and introduce more families to foster care and adoption. It's working! Other states hosting Heart Galleries have seen sharp increases in the number of families interested in foster care and adoption—and, most importantly, the beautiful faces of children who need loving families.

The program was introduced in New Mexico by Diane Granito and is spreading across the country. Through the hard work of The Adoption Exchange, The Heart Gallery made its debut in Missouri April 26, 2006 with its first stop in Jefferson City at the Rotunda of the State Capital Building. To learn more about the Missouri Heart Gallery Project, contact LaRhonda Wilson of The Adoption Exchange at 800-554-2222.

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